U.S. Palent and Trademark Office U.S. DEPARTMENT OF COMMERCE
PATENT APPLICATION FEE DETERMINATION RECORD

Application of Department of Descriptions of Patential Property of Patent Application of Information united By Replays & valid OMB control number.

Buttatturie for Form 870-678 CLAIMS AS FILED - PARTI OTHER THAN SMALL ENTITY (Column 1) SWALL ENTITY (Column 2) QR FOR HUMBER FILED MUMBER EXTRA BASIO FEE RATE FEE (37 CFR 1.(5(a)) BATE FEE TOTAL CLARAS (37 CFR 1.18(d) OR 140 minus 20 = WOEPENDENT CLAIMS (37 CFA 1.18(b)) X t OR minicie 3 X 8\_ MULTIPLE DEPENDENT CLAIM PRESENT OR X : 8 (37 CFR 1:18(d) " If the diletence in column to test than zero; enter 'O' in column 2 OR TOTAL OR 740 TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OTHER THAN OR CLAMS HOHEST SMALL ENTITY REMANING EN PRESENT EXTRA AFTER AMENDMENT RATE PREVIOUSL ADOI: TIONAL FEE RATE Total Usep PAID FOR Minus FEE . X I = (3) CFR 1,140.B OR X I ENZT SEEZENIATION OF MATIBLE DESENDENT CLAME INTO SE 1: 10(11) OR X S OR TOTAL TOTAL ADO'L FEE AUD'L FEE (Cations 3) CLAUL æ HIGHEST REMAINING AFTER AMENDMENT 3/16/07 PRESENT ENDMENT RATE ADDI-TIONAL PEE PREVIOUSE EXTRA RATE ADOI: Total Total Minus FEE Ninů: OR FIRST PRESENTATION OF MILTIPLE DEPENDENT GLASS (DT CFK (1440) OF OR TOTAL ADO'L FEE ÓR ADD' FEE. (Column 1) (Column 2) CLUMS REMAINING F AFTER AMENOMENT NUMBER PREVIOUSLY PAID FOR PRESENT RATE ADDI-TIONAL EXTRA RATE ADDI-TIONAL FEE OF CER LIGHT FEE 624) independent (3) cFA.1.140() X 1\_ Minus OR X.1 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM : DY CFR 1.16(d) OR

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ADD'LIFEE OR COLUMN 1 Is less than the entry in column 2, write 'V' in column 3.

If the Tighest Number Previously Paid For' IN THIS SPACE is less than 3 enter '20'.

The Highest Number Previously Paid For' IN THIS SPACE is less than 3 enter '20'.

This Collection of Information is required by '37'. CFR 1.16. The information is required to obtain or relain a banetit by the public which is lot file (and by the including gathering, preparing), and submitting the completed application form to the LISPTO. These will very depending upon the individual case, Any comments on the amount of kine you require to complete this form and/or suggestions for reducing the to-make this form and/or suggestions for reducing the to-make this form and/or suggestions for reducing the complete individual case. Any comments and Insternation Consider Life's U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND CEES OR COMPLETED FORMS TO THIS.

TOTAL.

OR